

**Customers' perspectives on the impact of the Pathways to Work Condition Management Programme on their health, wellbeing and vocational activity**

Professor Jenny Secker, BA, RMN, Dip. SW, PhD (Corresponding author)

Faculty of Health & Social Care, Anglia Ruskin University, Chelmsford, CM1 1SQ,  
and South Essex Partnership University NHS Foundation Trust, Runwell, SS11 7XX

Jenny.secker@anglia.ac.uk

Tel: 07763 942755

Fax: 01245 684 571

Dr Gail Pittam, BSc, MSc, PhD

Solutions for Public Health, Oxford, OX4 2GX

Gail.pittam@sph.nhs.uk

Tel: 01865 334 909

Dr Fiona Ford MBE, MB ChB, DRCOG, DTM&H, MRCGP

School of Public Health & Clinical Sciences, University of Central Lancashire,

Preston, PR1 2HE

Drfordetc@aol.com

Tel: 07736 772 138

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### **Abstract**

**Aims:** Pathways to Work is a UK initiative aimed at supporting customers on incapacity benefits to return to work. This qualitative study complements previous evaluations of Pathways to Work by exploring customers' perceptions of the impact of the Condition Management Programme (CMP) offered to claimants with long-term health conditions.

**Methods:** 39 customers took part in focus groups held at the seven sites where Pathways was originally piloted. The main focus of the discussions was on perceptions of the ways in which participation had impacted on health, well-being and return to work. The discussions were audio-recorded and fully transcribed for analysis using a text analysis framework to enable the development and refinement of categories and overarching patterns in the data.

**Results:** Perceived impacts on health and wellbeing included a more positive outlook, social contact, changed perceptions of conditions and improvements in health. Some customers also reported an increase in their vocational activity and others felt ready to embark on new activities. Factors associated with positive outcomes included the extent and quality of contact with CMP staff and practical advice about condition management. Factors impeding positive employment outcomes related mainly to obstacles to returning to work.

**Conclusions:** The results indicated that CMP can assist customers to learn about and manage their health conditions and increase their vocational activity, and that CMP

therefore provides a promising means of enabling people with long-term health conditions to regain a fulfilling, productive life.

**Key words:** condition management, CMP, long term conditions, health, vocational activity

**(4143 words including references)**

## **Rationale**

In common with other European countries, the number of people claiming incapacity benefits in the UK has risen steadily since the 1970s (1). By 2006, approximately seven percent of the working age population of the UK were off work and receiving incapacity benefits due to long-term health conditions (2). In their extensive review of the research literature, Waddell & Burton (3) found that the beneficial effects of work for employees were much greater than the negative effects of long-term absence, and that generally the benefits of work outweighed the risks.

Historically, rehabilitation programmes have tended to separate health-orientated treatments and employment rehabilitation, yet the support and advice of health professionals has been found to play a key role in influencing people's beliefs about their ability to work (4). Health education interventions focusing on self-management have also been found to benefit people with a range of long-term conditions, including diabetes (5), arthritis (6) and chronic obstructive pulmonary disease (7).

Condition Management Programmes (CMP) are a joint venture between the UK Department of Health (DH) and the Department for Work and Pensions (DWP). The programmes were first established as one strand of the Pathways to Work initiative (2) in seven pilot sites between 2003 and 2004. Following a gradual roll out, Pathways to Work became available nationally in 2008. In the CMP, self-management health interventions have been deployed for the first time in a work rehabilitation context. CMP aims to help people understand and manage their health

conditions in preparation for returning to work (8). The CMP were encouraged to develop their services in light of their local contexts. At some pilot sites, CMP was primarily delivered through group sessions. In others, practitioners saw customers on a one-to-one basis. In one site, customers could choose whether to attend one-to-one or group sessions.

This qualitative study was part of a wider national evaluation of the CMP commissioned by the DH (9). Although Pathways to Work has been extensively evaluated, the focus at the time of the present study had primarily been on return to work and IB receipt (10;11;12), with less attention paid to the CMP, and particularly to customers' experiences and perceptions. More recently a qualitative study based on in-depth interviews with 30 CMP customers has been published by DWP (13), providing a useful point of comparison. The aim of the present qualitative evaluation was to explore perceptions of the operation of the programmes, their impact on customers, and their impact on the local health and social care economy. In this article we focus on the customer perspective. Wider stakeholder views about the operation and impact of the programmes are reported elsewhere (14).

Ethics approval for the qualitative study was granted by the Fife & Forth Valley Research Ethics Committee. Research governance approvals were obtained from the responsible NHS committees.

## Methods

Focus group discussions were chosen as the primary data collection method in order to involve as many people as possible. Although individual interviews would have had the advantage of obtaining a more in-depth understanding of some of the sensitive issues customers with health conditions can experience, the geographical spread of the CMP sites meant this approach was not feasible within the time and resources available. However, focus groups are a well-established method in qualitative research and can generate valuable information as participants share and compare experiences.

Managers at each CMP site were asked to pass on an information pack and invitation to participate in the study to a purposive sample of 40 customers who had completed the programme, with the aim of recruiting 16 customers at each site. Managers were asked to try to ensure that the sample included members of those groups of people who typically took part in the CMP in their local area, taking into account gender, age, ethnicity and health condition.

The 280 information packs sent out generated 63 expressions of interest from customers. A range of initiatives were put in place to support participation including covering travel costs; arranging local, easily accessible locations; sending out reminders and offering a phone interview for those who could not attend a focus group. In spite of this, seven of the 63 customers did not go on to make an appointment and a further 17 did not attend on the day. In the event, a total of 39 customers took part in the study. Provision had been made to hold two customer focus

groups of up to eight participants in each location. In the event, only one focus group was held in some areas where response rates were relatively low and a total of 12 groups were held.

The 39 participants included 17 men and 22 women. All but one of the participants were from white ethnic backgrounds and most (31) were in their middle years. Mental health problems were reported by 20 customers, musculo-skeletal conditions by eight and cardio-vascular conditions by four. Seven customers reported a combination of conditions.

The focus groups began with discussion of referral routes into the CMP, expectations and perceived strengths and weaknesses of the CMP. The presentation of these findings is covered in the project report available from the corresponding author (15). The discussion then moved on to perceived impacts on health, well-being and return to work, the results of which are presented in this article.

Transcripts from the focus groups were analysed using the NVivo 7 software package to support data organisation and retrieval. A text analysis framework was used to guide the analysis (16) in which a series of descriptive codes were developed to aid the organization of the data into a series of categories. The categories were then gradually refined and clustered as patterns in the data from different participants and sources began to emerge. The first and second authors initially worked independently on the coding of the data before agreeing categories. A further check was performed by other members of the project team who reviewed a sample of the transcripts from

each of the pilot sites to ensure agreement with the overall interpretation and conclusions.

## **Results**

The 39 focus group participants had generally worked for most of their lives and became ill in their 40s or 50s, although a few described more sporadic work histories. Most people had lost contact with the labour market, but a small number still had the option of returning to their previous job. The most common health problems described related to anxiety, feeling isolated and low self-confidence. Some customers described multiple health conditions and in some cases their recorded diagnosis was not the issue they described as affecting them most. For example, some customers stopped work because of back pain but felt it was depression that was the worse problem. In the quotes presented below the gender and health condition (musculo-skeletal [MS], cardio-vascular [CV] and/or mental health [MH]) of the participant is indicated.

The themes that emerged from the focus group data are presented under headings relating to:

- Perceived impacts on health and wellbeing
- Reported impact on vocational activity
- Factors associated with positive outcomes
- Factors impeding positive outcomes.



***Perceived impacts on health and wellbeing***

Many customers across the seven sites credited the CMP with helping them to develop a more positive outlook on life:

*It has given me a boost to stop basically feeling sorry for myself a lot and find out what else there is. (Female, MH)*

Customers across the seven sites also credited their CMP with giving them more purpose in their lives and increasing their motivation:

*We have got goals, not just ploughing through life aimlessly, that's what I feel. (Female, MH)*

Other customers spoke of taking an interest in themselves again, waking up each day with a determination to do something, recognising the dangers of procrastination, feeling more in control of their life and less reliant on other people, and being motivated to move on. Although some said they still had bad days, they felt better able to manage them:

*It's coping with the knocks which I found CMP helped. (Male, MH)*

For customers at sites where CMP was primarily through group sessions, the social contact afforded was important in motivating them and building their confidence.

These customers had valued meeting people and making new friends, bonding with other group members over shared problems, exchanging tips, seeing changes in each other and appreciating each others' achievements:

*That was definitely the biggest boost I had was to get out and meet different people.* (Female, CV)

*You could see each other getting better and it bucked you up.* (Male, CV/MH)

A few customers felt that they already had a good understanding of their condition before doing CMP, but many reported that their understanding had improved. Specific changes included understanding things in a different way, for example in relation to how physical and mental health could interact, better appreciation of situations that cause anxiety and depression, and better understanding of the management of physical health problems and pain:

*I've learnt to manage my particular range of problems a lot better as a result of the programme.* (Female, CV/MH)

Customers across the sites described improvements in both mental and physical health and attributed them to the CMP. Improved confidence and self-esteem were amongst the mental health gains most commonly mentioned:

*I haven't looked back. I have got better mobility I feel more confident when I go out you know, I've got all of that back whereas before I was sitting in the house all down. (Female, MS/MH)*

The physical health benefits described by customers were wide-ranging and included: giving up smoking; reducing medication; increased understanding of medication and its use; improved mobility; improved appetite; generally feeling better; feeling less tired and sleeping better, in some cases through using relaxation tapes provided by the CMP. In addition, several customers across the pilots reported being motivated to exercise more and eat more healthily, and several said they had lost weight as a result, although some admitted that they still sometimes lapsed into old habits in relation to healthy eating.

### ***Reported impact on vocational activity***

Across the seven sites, some customers described an increase in their vocational activity as a result of their CMP. Others felt ready to embark on new activities but had not yet done so. Of those who had increased their vocational activity, a few had returned to paid employment, either full time, part time or in a temporary capacity. One customer in part time work spoke of how the CMP had enabled her to cope with returning to work, explaining that she still felt anxious but used the relaxation techniques she had learnt in order to cope:

*As time went on with CMP, I was feeling better, I wasn't that tired that I wanted to go back to some kind of work. (Female, MH)*

Other customers had found voluntary work or had started training courses.

Of those customers who felt ready to take on new activities but had not yet done so, some aspired to paid employment but had not been able to find suitable work in the area, or had been discouraged by rejections. Others felt ready for paid work and one was planning to look for work in the near future. One customer was looking into getting either voluntary or part time paid work; another said she missed working and was planning to apply for a training course.

### ***Factors associated with positive outcomes***

An important factor in the gains customers described revolved around the extent and quality of their contact with CMP staff and providers. Several customers contrasted their experience at the CMP with other services they had used where contact with professionals was limited and the service provided was too short term for them to benefit. However, customers' views regarding the duration of participation did not appear to depend on the length of time they had actually participated, instead reflecting differences between individual CMP. For example, the involvement of the customers who felt that the length of their CMP was about right varied from two months to over a year. However, all of them were from sites where there was more flexibility about the length of time customers spent on the programme. In contrast, most of those customers who felt that their involvement with their CMP was too short came from sites where programmes were fixed term.

Customers who had met with a CMP practitioner on a one-to-one basis spoke of the value of having someone to talk to about their problems, give them advice and help them rationalise their thoughts. Several of these customers spoke of valuing the informality of their CMP, which helped them feel they could discuss any issues with their practitioner:

*Things started to get better because I could talk to someone.* (Male, MH/MS/CV)

As well as valuing the contact they had with staff, customers highlighted the value of the practical advice they had been given, including ways of managing stress and anxiety, being more assertive, dealing with day-to-day life, pacing their activities and writing things down as a memory aid, a record of progress, or a reflective tool enabling them to look back on how they dealt with problems in the past:

*I started thinking about learning how to manage my condition and mental (health) ... and different things to try to control.* (Male, MH)

Several customers also spoke of the sense of achievement associated with setting and achieving goals, even if they were only small things like going for a walk or to the gym. Some spoke of increasing their activity levels in small stages, such as walking a little further each day, while others spoke of learning about pacing themselves and balancing their activities.

### ***Factors impeding positive employment outcomes***

The main factors identified as impeding benefits for customers concerned return to work. Labour market factors were amongst the most commonly mentioned, for example a lack of suitable jobs or difficulties in finding work that would be sufficiently stimulating and provide the level of income needed:

*I need a job that keeps me active in ideas, I can't get a job where I can't think or anything like, because I will just deteriorate. (Male, MH)*

Past experiences of bullying at work were associated with depression and anxiety for some participants and were cited as a deterrent to returning to work. Other customers in their late 50s felt that their options were limited by age or that the current emphasis on returning to work was more appropriate for younger people than for those who had worked most of their lives until they became ill.

Additional impediments to health improvement and therefore return to work included financial constraints, such as being unable to afford alternative pain relief options, gym or health club membership and healthy food:

*They tell you what you can do but then you haven't got the funds or whatever to be able to do it, so a lot of things like that are a bit pointless. (Female, MS)*

Few customers specifically identified current health issues as impediments. When current health issues were mentioned these included an ongoing need for treatment and the problems posed by progressive or unpredictable conditions.

## **Discussion**

A limitation of this study is that while efforts were made to recruit a broad sample of customers, not everyone who was invited to take part was able to do so. In particular, it is not possible to know how the views of younger people and people from Black and Minority Ethnic groups might compare with those of other groups. However, both the health conditions described by participants and their distribution were similar to those of the broader population of IB claimants (10, 11), suggesting that in this respect the sample may not have been untypical.

Although it would be wrong to generalise from the relatively small sample in this study, the fact that many focus group participants had increased their vocational activity or felt ready to do so suggests that the combined health and work focus of CMP does hold promise in relation to supporting incapacity benefits customers back to work. Although only a few had already returned to work, this needs to be seen in the context of a move towards targeting longer term claimants that had already taken place when the research was carried out. CMP outcome returns have shown an average of 20% of customers in work by the end of their CMP (9). However this does not represent the net employment impact of CMP as some customers may return to work some time after completing CMP and longer term follow up is needed to assess whether the return to employment is sustained.

Attributing causality is also problematic. A DWP study (13) concluded that customers returning to work fell into two categories: those who would have returned to work anyway but whose progress was assisted by the CMP and those reporting that they

would not have returned to work if not for the support received from CMP. Since some participants may have been receiving employment support from other sources it is also possible that the positive impacts described stemmed from other or a combination of sources. However, the clear perception of the participants interviewed in this study was that the benefits they described did stem from their participation in CMP.

The interaction between mental and physical health is complex, however it has been suggested that individuals with physical health problems are more likely to develop mental health problems and vice versa (17). The kind of improvements reported by the CMP participants in the present study related to both their psychological and physical wellbeing, including motivation, social contact, better understanding of their health condition and specific health improvements, particularly in relation to mental health and physical fitness. Similarly, participants in the study recently published by DWP (13) described increased levels of confidence, assertiveness and social interaction. In both studies, mental health gains featured more prominently than physical health improvements and social benefits were described most often by people at sites where group work was the main form of delivery.

In the present study, factors associated with positive outcomes included the practical advice given about condition management and the sense of achievement gained through being encouraged to monitor and record progress. The factors impeding positive employment outcomes reflect the complex interaction between health and work for this population. Very few participants in this study identified current health issues as impediments to returning to work, although it is possible that people for whom ill-health was more of a present concern were less likely to attend a focus



group. Several participants did however express a concern that returning to work, or more specifically returning to a job that did not meet their personal needs, might cause their health to deteriorate in the future. It was also of interest that participants who were aged over 50 saw their age as an obstacle to return to work, since results from the DWP's research indicate that the impact of Pathways to Work on employment amongst customers aged 50 or over was significantly reduced compared to younger customers (10; 11).

Customers who attend a CMP are also customers of the wider Pathways to Work programme and so would have received a range of services in addition to the CMP. They may also have been receiving employment support from other sources. However, the level of positivity that the customers expressed about their experience of undertaking the CMP was striking, suggesting that CMP did play some part in the positive impacts described.

## **Conclusions**

The indications from this qualitative strand of the CMP evaluation are that CMP was having an impact in enabling customers to manage their health conditions and increase their vocational activity. The similarity of findings reported in a study recently published by DWP (13) supports that conclusion. Sample sizes in both studies were relatively small and further research with larger sample sizes would help substantiate these results.

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